WHISPERING OAKS CARE CENTER

WILDLEKING OFFICE CHILD CHILD

620 HARPER AVENUE

PESHTIGO 54157 Phone: (715) 582-4148 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 45 Yes Number of Residents on 12/31/02: 37 Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ફ ફ	Less Than 1 Year  1 - 4 Years	32.4 43.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	21.6		24.3
Day Services	Yes	Mental Illness (Org./Psy)	27.0	65 - 74	13.5	I	
Respite Care	Yes	Mental Illness (Other)	8.1	75 - 84	32.4	I	100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	21.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.8		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	21.6	65 & Over	78.4		
Transportation	No	Cerebrovascular	5.4			RNs	12.4
Referral Service	Yes	Diabetes	5.4	Sex	용	LPNs	11.9
Other Services	No	Respiratory	8.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	21.6	Male	51.4	Aides, & Orderlies	33.6
Mentally Ill	No			Female	48.6		
Provide Day Programming for			100.0	[		1	
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	οļο	Per Diem (\$)	No.	%	Per Diem (\$)	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	2	66.7	142	0	0.0	0	0	0.0	0	0	0.0	0	2	5.4
Skilled Care	3	100.0	216	26	92.9	115	1	33.3	121	3	100.0	118	0	0.0	0	0	0.0	0	33	89.2
Intermediate				2	7.1	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	5.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		28	100.0		3	100.0		3	100.0		0	0.0		0	0.0		37	100.0

WHISPERING OAKS CARE CENTER

* * * * * * * * * * * * * * * * * * * *	*****	*******	*****	*****	*****	*******	*****
		Percent Distribution	n of Residents'	Condit	ions, Services, a	and Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	2	Number of
Private Home/No Home Health	13.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.7		81.1	16.2	37
Other Nursing Homes	2.8	Dressing	13.5		67.6	18.9	37
Acute Care Hospitals	77.8	Transferring	40.5		43.2	16.2	37
Psych. HospMR/DD Facilities	2.8	Toilet Use	32.4		51.4	16.2	37
Rehabilitation Hospitals	0.0	Eating	29.7		62.2	8.1	37
Other Locations	2.8	* * * * * * * * * * * * * * * * * * *	******	*****	*****	*******	******
Total Number of Admissions	36	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.4	Receiving Res	spiratory Care	10.8
Private Home/No Home Health	7.9	Occ/Freq. Incontine	nt of Bladder	40.5	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	10.5	Occ/Freq. Incontine	nt of Bowel	18.9	Receiving Suc	ctioning	0.0
Other Nursing Homes	5.3				Receiving Ost	comy Care	0.0
Acute Care Hospitals	44.7	Mobility			Receiving Tub	e Feeding	2.7
Psych. HospMR/DD Facilities	2.6	Physically Restraine	ed	5.4	Receiving Med	chanically Altered Diet	s 10.8
Rehabilitation Hospitals	0.0	1				-	
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	28.9	With Pressure Sores		10.8	Have Advance	Directives	89.2
Total Number of Discharges		With Rashes		8.1	Medications		
(Including Deaths)	38	I			Receiving Psy	choactive Drugs	70.3
-					, , , , , , , , , , , , , , , , , , ,	-	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

\*

************	*********	*****	******	*****	******	*****	*****	*****	******	
		Own	Ownership:		Size:	Lic	ensure:			
	This	Pro	prietary	Und	er 50	Ski	lled	Al	.1	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
		્રે	Ratio	%	Ratio	용	Ratio	ଖ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	71.6	85.1	0.84	84.2	0.85	86.7	0.83	85.1	0.84	
Current Residents from In-County	78.4	75.4	1.04	68.6	1.14	69.3	1.13	76.6	1.02	
Admissions from In-County, Still Residing	25.0	20.1	1.24	21.5	1.16	22.5	1.11	20.3	1.23	
Admissions/Average Daily Census	94.7	138.3	0.68	123.5	0.77	102.9	0.92	133.4	0.71	
Discharges/Average Daily Census	100.0	139.7	0.72	128.3	0.78	105.2	0.95	135.3	0.74	
Discharges To Private Residence/Average Daily Census	18.4	57.6	0.32	35.5	0.52	40.9	0.45	56.6	0.33	
Residents Receiving Skilled Care	94.6	94.3	1.00	78.6	1.20	91.6	1.03	86.3	1.10	
Residents Aged 65 and Older	78.4	95.0	0.83	91.8	0.85	93.6	0.84	87.7	0.89	
Title 19 (Medicaid) Funded Residents	75.7	64.9	1.17	52.2	1.45	69.0	1.10	67.5	1.12	
Private Pay Funded Residents	8.1	20.4	0.40	39.0	0.21	21.2	0.38	21.0	0.39	
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00	
Mentally Ill Residents	35.1	30.3	1.16	35.8	0.98	37.8	0.93	33.3	1.05	
General Medical Service Residents	21.6	23.6	0.92	11.9	1.81	22.3	0.97	20.5	1.05	
Impaired ADL (Mean)	46.5	48.6	0.96	56.7	0.82	47.5	0.98	49.3	0.94	
Psychological Problems	70.3	55.2	1.27	52.8	1.33	56.9	1.24	54.0	1.30	
Nursing Care Required (Mean)	5.4	6.6	0.82	5.6	0.97	6.8	0.79	7.2	0.75	